

**DIVISION OF LICENSING PROGRAMS
VIRGINIA DEPARTMENT OF SOCIAL SERVICES**

FIRST AID AND CPR CURRICULUM FORM

This form should be used for determining whether a first aid and/or CPR course meets the requirements of 22 VAC 40-71-120 A and B of the *Standards and Regulations for Licensed Assisted Living Facilities*.^{*} Completed forms should be returned to the regional licensing office in your area for review by the Virginia Department of Social Services (DSS).

I. Name of Individual or Organization offering the First Aid and/or CPR Course _____

Address _____

Phone Number _____ Fax Number _____

Request Approval for: _____ First Aid _____ CPR _____ Both

Name of First Aid and/or CPR Course _____

Name of Instructor(s) _____

Name and Title of Person Completing Form _____

Address of Person Completing Form _____

II. A. Please check the content areas covered by the first aid course.

Emergency management of:

_____ Bleeding	_____ Dental emergencies	_____ Electric shock
_____ Burns	_____ Head injuries	_____ Drowning
_____ Poisoning	_____ Allergic reactions	_____ Shock
_____ Choking	_____ Loss of consciousness	_____ Eye injuries
_____ Injuries, including insect, animal, and human bites	_____ Musculoskeletal injury (e.g., sprains, fractures)	_____ Convulsions or non- convulsive seizures
_____ Heat and cold related injuries		

B. Please check the content areas covered by the CPR course.

_____ Adult CPR _____ Obstructed Airways

III. Please check the qualifications of the instructor(s) of the first aid and/or CPR course and indicate expiration date of the instructor's(s') credentials. The instructor must hold **current** credentials from one of the following certifying agencies in order to be approved. Please attach a copy of the certificate(s). If more than one instructor teaches the course, please indicate the qualifications of each instructor.

A. First Aid Instructor(s)

- _____ Standard First Aid Instructor (American Red Cross)
expiration date _____
- _____ Advanced First Aid Instructor (American Red Cross)
expiration date _____
- _____ Emergency Medical Technician Instructor (State Department of Health -
Division of Emergency Medical Services)
expiration date _____
- _____ Registered Nurse (Virginia Dept. of Health Professions - Board Of Nursing)
expiration date _____
- _____ Physician (Medical, Virginia Dept. of Health Professions - Board of Medicine)
expiration date _____
- _____ None of the above

B. Cardio-Pulmonary Resuscitation Instructor(s)

- _____ American Red Cross Standard First Aid Instructor
expiration date _____
- _____ American Red Cross CPR Instructor
expiration date _____
- _____ American Heart Association CPR Instructor
expiration date _____
- _____ None of the above

IV.

(Signature of Person Completing this Form)_____
(Date)

* Note: There may be outside monitoring of the instructor as well as the competency of the students in relation to first aid and/or CPR knowledge.

(To be completed by Department of Social Services Staff)

_____ We accept this course as meeting the requirements of 22 VAC 40-71-120 A and B of the *Standards and Regulations for Licensed Assisted Living Facilities*. The individual(s) identified in this form must teach the course. You may use this course until _____ when the instructor's (s') qualifications expire. Any change to the first aid and/or CPR course or the regulations may affect the acceptability of your course. Changes to the course must be resubmitted.

_____ We cannot accept this course as meeting the requirements of 22 VAC 40-71-120 A and B of the *Standards and Regulations for Licensed Assisted Living Facilities* because of the following:

We will re-evaluate your first aid and/or CPR course if new or additional information is submitted.

(Signature/Title of DSS Staff)_____
(Date)_____
(Phone Number)